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APPLICANTS

Len Schultz, San Jose, CA;
 Nhon Toai Quach, San Jose, CA;
 Dean Mulla, Saratoga, CA;
 Jim Hays, San Jose, CO;
 John Wai Cheong Fu, Saratoga, CA;

** CONTINUING DATA *ALIVE/DM*** FOREIGN APPLICATIONS *NAME DM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>M. Mulla/DM</i> Examiner's Signature	<i>MM</i> Initials			

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TITLE

Method of correcting a machine check error

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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